

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2021 - 101 - T

POSTED
3/19/21
tod

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: _____

Telephone: _____

Address: _____

Fax: _____

Other: _____

Email: _____

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input checked="" type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
MAR 18 2021
PSC SC
MAIL / DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

Date: 10/17/17

CLASS C - CHARTER BUS

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. AB TOURS LLC
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)
192 Stanley Road Beaufort SC 29906
Street Address of Applicant
192 Stanley Road Beaufort SC 29906
Mailing Address of Applicant (if different from street address)
843-379-0040 843-379-9656
Phone Fax
ABTourLLC19@gmail.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
☐ Partnership - List names and addresses of all person having an interest in the business.
☒ Corporation - List names and addresses of two principal officers.

RECEIVED
MAR 18 2021
PSCSC
Clerks Office

3/18/21
js

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY
Pervost	2004 H3-45	2PCH3349241C14917		56
Pervost	2004 H3-45	2PCH3349341014960		56

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

AB Tours LLC

Name of Applicant

192 Stanley Road Beaufort SC 29906

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 21,031.00

Limits 5,000,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

16 or More Passengers* \$ 25,000/300,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbelt

Columbia Insurance Company

Name of Insurance Company

1314 Douglas Street, Suite 1400 Omaha NE 68102-1944

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/12/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Phone: (800) 570-8323 Fax: (952) 698-1753

KMAT, INC.
15322 GALAXIE AVE #217
APPLE VALLEY MN 55124

CONTACT NAME: **KMAT, Inc.**PHONE (A/C, No. Ext): **(800) 570-8323**FAX (A/C, No.): **(952) 698-1753**

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : **National Indemnity Company**INSURER B : **National Fire & Marine Insurance Company**

INSURER C :

INSURER D :

INSURER E :

INSURER F :

INSURED
AB TOURS LLC
192 STANLEY ROAD
BEAUFORT SC 29906

COVERAGES

CERTIFICATE NUMBER: 17669

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED. EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X		71APS098896	03/12/21	03/12/22	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (per accident) \$ \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$	X		72XAS006262	03/12/21	03/12/22	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 0 \$ WC STATUTORY LIMITS <input type="checkbox"/> OTH ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE-EA EMPLOYEE \$ E.L. DISEASE-POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate holder is sole loss payee and additional insured with respects to: 2009 PREVOST COACH VIN# 2PCH334919C711412
COMP/Collision \$1,000/\$1,000

Value: \$85,000

CERTIFICATE HOLDER

CANCELLATION

PNW Property Holdings LLC
3439 SE Hawthorn Blvd Suite 90
Portland OR 97214

Attention:

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Rick Larsen

Exhibit Fit, Willing, and Able (FWA)Albert Black

Name of Applicant

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

- ☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

- ☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

- ☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

- ☐ Yes ☒ No

If Yes, list judgements here:

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

- ☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

- ☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

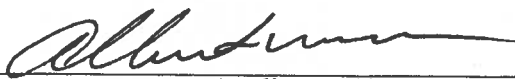
Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 10, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

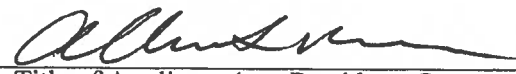
S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.


The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature

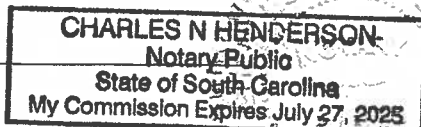

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Beaufort)

SWORN TO BEFORE ME
This 17 day of October, 20 19


Notary Public

Commission Expires _____



Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Albert Blacke

Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
6. Is in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes

☐ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes

☐ Not Applicable

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

I, Albert Blacke, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME

This 17 day of October, 20 19

Albert Blacke
Applicant's Signature

Notary Public

Commission Expires

CHARLES N HENDERSON
Notary Public
State of South Carolina
My Commission Expires July 27, 2025

Print Application

The State of South Carolina



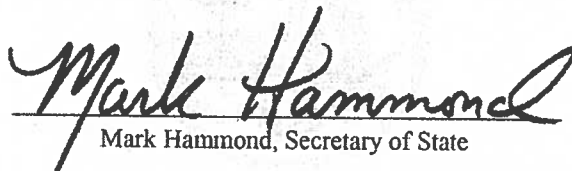
Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

AB TOURS LLC, a limited liability company duly organized under the laws of the State of South Carolina on June 1st, 2015, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 18th day
of June, 2019.


Mark Hammond, Secretary of State

Jun 19 2019
REFERENCE ID: 348981

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

1 COPY

Print Form

STATE OF SOUTH CAROLINA
SECRETARY OF STATE
ARTICLES OF ORGANIZATION
Limited Liability Company - Domestic
Filing Fee - \$110.00

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

AB Tours LLC

***NOTE:** The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C." "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

192 Stanley Rd

Street Address

Port Royal

29906

City

Zip Code

3. The initial agent for service of process is

Albert Black

Name

Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

192 Stanley Rd

Street Address

Beaufort
~~Port Royal~~

SC

29906

City

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

- (a) Albert Black

Name

192 Stanley Rd

Street Address

~~Port Royal~~ Beaufort

SC

29906

City

State

Zip Code

- (b)

Name

Street Address

State

Zip Code

160603-0067
AB TOURS LLC

FILED: 06/01/2016

Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State

Form Revised by South Carolina
Secretary of State, July 2012

DRIVER/VEHICLE EXAMINATION REPORT

Inspect 1.105.7131

South Carolina State Transport Police
P. O. Box 1993
http://www.scdps.gov --- http://fmcsa.dot.gov
Blythewood, SC 29016
Phone: (803)896-5500 Fax: (803)896-5526

Report Number: SCS241006535
Inspection Date: 08/29/2019
Start: 10:10 AM ET End: 11:25 AM ET
Inspection Level: V - Terminal
HM Inspection Type: None

AB TOURS LLC
192 STANLEY RD
BEAUFORT, SC, 29906
USDOT: 3254795

Phone#: (843)379-0040
Fax#: (843)379-9656

Driver:
License#:
Date of Birth:
CoDriver:
License#:
Date of Birth:

State:

State:

Location: BEAUFORT CNTY SECONDARY
ROADS

Milepost: Shipper: N/A

Highway:

Origin: BEAUFORT,SC
Destination: BEAUFORT,SC

Bill of Lading: N/A
Cargo: EMPTY

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate	Equipment ID	VIN	GVWR	CVSA #	Issued #	OOS Sticker
1	BU	PREO	2004	SC	BC7327	53	2PCH3349341014960	52060			s241006536

BRAKE ADJUSTMENTS

Axle #	1	2	3
Right	N/A	N/A	N/A
Left	N/A	N/A	N/A
Chamber	DISC	DISC	DISC

VIOLATIONS

Section	Type	Unit	OOS	Citation #	VerifyCrash	Violations Discovered
393.9	F	1	N		N	Inoperable Required Lamp: 1 of 2 front clearance lamps inop
393.78	F	1			N	Windshield wipers inoperative/defective: Passenger side windshield washer fluid hose is severed
393.48A	F	1	N		N	Inoperative/defective brakes: Axel 1 left side caliper bolt is loose
393.48A	F	1	N		N	Inoperative active brakes: Axel 1 right side caliper bolt is loose
396.3A1BOS	F	1	Y		U	BRAKES OUT OF SERVICE: The number of defective brakes is equal to or greater than 20 percent of the service brakes on the vehicle or combination
393.201A	F	1	N		N	Frame cracked / loose / sagging / broken: Crossmember at near axle 2 is cracked

HazMat: No HM transported

Placard:

Cargo Tank:

Special Checks: No data for special checks

State Information:

Vehicle Rechecked: N; CDL Check: N; Financ Responsibility Verified: Y; Portable Scales Utilized: N; Operating Authority Verified: Y; Fed OOS Verified: Y

Pursuant to the authority contained in Title 49, CFR; Section _____ of the Transportation Rules/Regulations, I hereby declare the above marked vehicle(s)/driver as "OUT OF SERVICE". No person shall rent, lease, or operate such vehicles until the out of service defects have been repaired and the vehicles have been restored to safe operating condition.

Failure to return this report with the required certification can result in penalties up to \$1,000 per day for each day the violation continues. up to a total of \$10,000.

Signature Of Repairer X: _____ Facility: _____ Date: _____

CARRIER CERTIFICATION: The undersigned certifies that all violations on this report have been corrected and action has been taken to assure compliance with the Federal Motor Carrier Safety and Hazardous Material Regulations insofar as they are applicable to motor carriers and drivers. This certification MUST BE SIGNED by the Motor Carrier and RETURNED WITHIN 15 days to the: South Carolina State Transport Police, P.O. Box 1993, Blythewood, South Carolina 29016.

Signature Of Motor Carrier X: _____ Title: _____ Date: _____



DRIVER/VEHICLE EXAMINATION REPORT

Inspect 1.105.7131

South Carolina State Transport Police
P. O. Box 1993
http://www.scdps.gov --- http://fmcsa.dot.gov
Blythewood, SC 29016
Phone: (803)896-5500 Fax: (803)896-5526

Report Number: SCS241006534
Inspection Date: 08/29/2019
Start: 9:10 AM ET End: 10:00 AM ET
Inspection Level: V - Terminal
HM Inspection Type: None

AB TOURS LLC
192 STANLEY RD
BEAUFORT, SC, 29906

USDOT: 3254795

Phone#: (843)379-0040

MC/MX#:

Fax#: (843)379-9656

State#:

Driver:

License#:

State:

Date of Birth:

CoDriver:

License#:

State:

Date of Birth:

Location: BEAUFORT CNTY SECONDARY
ROADS

Milepost:

Shipper: N/A

Highway:

Origin: BEAUFORT, SC

Bill of Lading: N/A

County: BEAUFORT

Destination: BEAUFORT, SC

Cargo: EMPTY

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate	Equipment ID	VIN	GVWR	CVSA #	Issued #	OOS Sticker
1	BU	PREO	2004	SC	BC7326	65	2PCH3349241014917	52060			s241006534

BRAKE ADJUSTMENTS

Axle #	1	2	3
Right	N/A	N/A	N/A
Left	N/A	N/A	N/A
Chamber	DISC	DISC	DISC

VIOLATIONS

Section	Type	Unit	OOS	Citation #	VerifyCrash	Violations Discovered
393.45B2	F	1	N		N N	Brake hose or tubing chafing and/or kinking: Brake hose is chafing at axle 3 left side
396.3A1B	F	1	N		N N	Brakes (general) Explain: Audible air leak from Axle 2 left side brake chamber (Leaks air from chamber when brakes service brake applied)
393.91-SNS	F	1	Y		A N	Motor Coach or other Passenger Carrying vehicle operating with seating, occupied or not, not secured in a workmanlike manner: Left side seat 3rd from the rear missing mounting bolts and is loose

HazMat: No HM transported

Placard:

Cargo Tank:

Special Checks: No data for special checks

State Information:

Vehicle Rechecked: Y; CDL Check: N; Financ Responsibility Verified: Y; Portable Scales Utilized: N; Operating Authority Verified: Y; Fed OOS Verified: Y

Pursuant to the authority contained in Title 49, CFR; Section 396.9 of the Transportation Rules/Regulations, I hereby declare the above marked vehicle(s)/driver as "OUT OF SERVICE". No person shall remove the Out of Service Stickers applied to these vehicles, or operate such vehicles until the out of service defects have been repaired and the vehicles have been restored to safe operating condition.

Failure to return this report with the required certification can result in penalties up to \$1,000 per day for each day the violation continues, up to a total of \$10,000.

Signature Of Repairer X: _____ Facility: _____ Date: _____

CARRIER CERTIFICATION: The undersigned certifies that all violations on this report have been corrected and action has been taken to assure compliance with the Federal Motor Carrier Safety and Hazardous Material Regulations insofar as they are applicable to motor carriers and drivers. This certification MUST BE SIGNED by the Motor Carrier and RETURNED WITHIN 15 days to the: South Carolina State Transport Police, P.O. Box 1993, Blythewood, South Carolina 29016.

Signature Of Motor Carrier X: _____ Title: _____ Date: _____

Report Prepared By: J. H. Smoak
Badge #: SC0241

Copy Received By:

X

X

Albert Stern



DRIVER/VEHICLE EXAMINATION REPORT

Inspect 1.105.7131

South Carolina State Transport Police
P. O. Box 1993
<http://www.scdps.gov> --- <http://fmcsa.dot.gov>
Blythewood, SC 29016
Phone: (803)896-5500 Fax: (803)896-5526

Report Number: SCS241006535
Inspection Date: 08/29/2019
Start: 10:10 AM ET End: 11:25 AM ET
Inspection Level: V - Terminal
HM Inspection Type: None

Report Prepared By: J. H. Smoak
Badge #: SC0241

X

Copy Received By:

X

Damon Ellerbe

